

FILED MAR 6 1942
Registration District No. 378

Primary Registration District No. 4323

State File No. _____
Registrar's No. 38

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmyra Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Palmyra Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 20
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES O. LINN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 22 1890
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace PIKE CO. MO. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES McGINN
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name CATHARINE SNAZGRAFF
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr William McBurns

(b) Address Hannibal Mo

17. (a) Buried (b) Date thereof 4/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PIKE Co. Hosp. Hall

18. (a) Signature of funeral director James O. Conell

(b) Address Hannibal Mo

19. (a) 4/29/42 (b) Mrs Margaret Madge
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1942 hour _____ minute 6:30 M.

21. I hereby certify that I attended the deceased from April 1, 1942, to April 18, 1942
that I last saw him alive on April 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
and chronic nephritis

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 200

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature M. A. ... (M. D. or other) _____

Address Palmyra Date signed 4/30/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

64
2
0

114 ST

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Jas D. Duncanson*
Licensed Embalmer No. *2022*
P. O. Address..... *Kenilworth*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.